

THE CORPORATION OF THE CITY OF ST. THOMAS
COMMUNITY IMPROVEMENT PROGRAM EVALUATION COMMITTEE

November 17, 2016 3:00 P.M. CITY HALL ROOM 204

1. Confirmation of Minutes : July 21, 2016

2. Disclosure of Interest

3. Project Applications
 - a) 488 Talbot Street - Dean Lewis

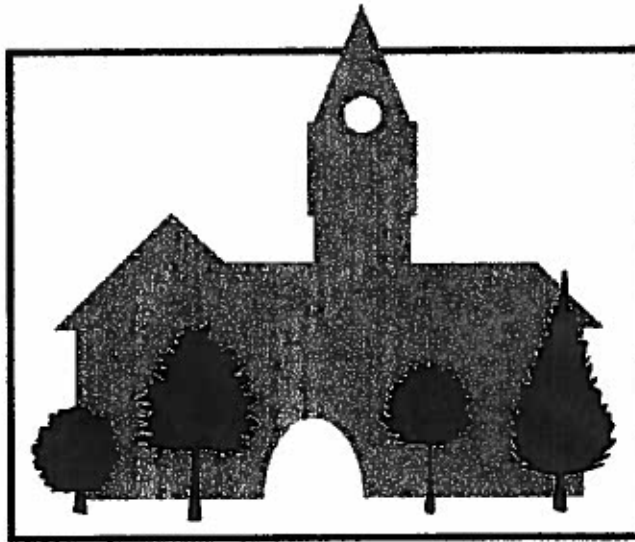
4. New Business
 - a) Update – 763 – 767 Talbot : Steve Jackson
 - b) Meeting schedule / times

5. Adjournment

APPLICATION FORM

ST. THOMAS COMMUNITY IMPROVEMENT PLAN

FINANCIAL INCENTIVE PROGRAMS



CITY
OCT 12 2016
MANAGER

THE CORPORATION OF THE CITY OF
ST. THOMAS

HERITAGE TAX RELIEF PROGRAM

HERITAGE DESIGN PROGRAM

**RESIDENTIAL CONVERSION, REHABILITATION AND INTENSIFICATION
PROGRAM**

PROPERTY TAX INCREMENT GRANT PROGRAM

FAÇADE IMPROVEMENT PROGRAM

PLANNING AND BUILDING FEES PROGRAM

DEVELOPMENT CHARGES REBATE PROGRAM

PARKLAND DEDICATION EXEMPTION PROGRAM



FINANCIAL INCENTIVE PROGRAMS
ST. THOMAS COMMUNITY IMPROVEMENT PLAN
SECTION 1.0 - GENERAL APPLICATION FORM

1.0 INSTRUCTIONS

- If the space provided is insufficient to respond to the question, please provide additional information on a separate page, clearly marked as to the subject question, and attach to the application form.
- Please attach financial quotes, drawings or other required information as appropriate.
- We recommend that the applicant keep a copy of the application form for your own records.
- To ensure that the application is readable, please print in ink or type information onto the form.
- Please ensure that the application has been signed by the property owner or authorized agent.

1.1 APPLICANT AND PROPERTY INFORMATION

1.1.1 REGISTERED PROPERTY OWNER

Name: DUAN LOWES
 If Corporation, Signing Officer to contact: _____
 Mailing Address: 28 STORIS ROAD ST. THOMAS
 City ST. THOMAS Province ONTARIO Postal Code N5R 5W4
 Telephone: 226 927-2253 Facsimile: _____ Email: DUANLOWES@SUBMARTNSHTALUS.COM

1.1.2 AUTHORIZED AGENT (IF ANY: SEE SECTION 4.3)

Name: _____
 Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone: _____ Facsimile: _____ Email: _____

1.1.3 SUBJECT PROPERTY

Civic Address: 488 TALBOT STREET

Legal Description (Lot and Plan No., Assessment Roll No.): PLAN 3 BLOCK 6 PT LOT 1
030 280 15000

Brief Description of Current Use: WAS A RETAIL STORE (COMMERCIAL PROPERTY)
WHICH HAD A FIRE IN DECEMBER 2016 PRESENTLY BEING
RECONSTRUCTED AS AN INDISPUSSET GYM BEDROOM WITH
OFFICE APARTMENT (RESIDENTIAL) AND RETAIL STORE
MAIN FLOOR UP TO TODAY'S CODE.



FINANCIAL INCENTIVE PROGRAMS

SUBJECT PROPERTY CONTINUED (1.1.3)

Are property taxes for the subject property in arrears? Yes ___ No

Are there any outstanding orders registered against the subject property? Yes ___ No

Are there any outstanding violations under the Fire Code? Yes ___ No

Have grants previously been received from the City for the subject property? Yes ___ No

Please describe including total amount of grants: _____

Estimated Current Market Value of Property: \$ 250,000.00

Please indicate source of estimate: COST OF RECONSTRUCTION OF BUILDING

1.2 AUTHORIZATION

If this application is to be signed by an agent or solicitor on behalf of the property owner/s, complete this section. This section should be signed by the property owner/s or if held by a corporation, by a signing officer (name and position) of the corporation.

I hereby authorize _____, as agent, to act on my behalf in regard to the above application. I acknowledge that the authorized agent is to receive all correspondence and information pertaining to this application on my behalf.

Dated at _____ this _____ day of _____, 200_____.

Signature of Owner/s _____

Signature of Witness _____

(Print name), _____ a duly authorized Commissioner of Oaths

1.3 APPLICATION AGREEMENT

I/We hereby certify that the information given herein is true, correct and complete in every respect and understand that the City reserves the right to verify any information contained herein. I/We agree to the terms and conditions of the programs for which the application is being made.

This section should be signed by the property owner/s, agent or if held by a corporation, by a signing officer (name and position) of the corporation.

Dated at ST. THOMAS this 12th day of OCTOBER, 20016.

Signature of Owner/s [Handwritten Signature]

or Agent _____

Signature of Witness [Handwritten Signature]
(Print name) C Hayward, a duly authorized Commissioner of Oaths

Catherine Marie Hayward,
a Commissioner, etc., Province of Ontario
for the Constituency Office
of Karen Vecchio, M.P.
Expires February 28, 2019.

1.4 PROGRAM CHECK LIST

Please place a check next to the programs that you are applying for:

- Heritage Tax Relief Program
- Heritage Design Program
- Planning & Building Fees Program
- Development Charges Program
- Parkland Dedication Exemption Program
- Residential Conversion, Rehabilitation and Intensification Program
- Façade Improvement Program
- Property Tax Increment Equivalent Grant Program

FILL OUT THE FOLLOWING SECTIONS WITH REGARD TO THE PROGRAMS YOU ARE APPLYING FOR.



1.5 DESCRIPTION OF PROPOSED RESIDENTIAL IMPROVEMENT PROJECT (IF APPLYING FOR RESIDENTIAL IMPROVEMENT PROGRAMS)

TURNED SECOND FLOOR INTO A ONE BEDROOM
WITH OFFICE AND CONCEPT LIVING AREA
APPROXIMATELY 1100 SQ FT FROM 1240 AVAILABLE
SQ FT
COMMERCIAL PROPERTY IMPROVEMENTS WENT
UP TO BASE RESIDENTIAL APARTMENTS.

If additional space is required, please attach the additional information on a separate sheet.



FINANCIAL INCENTIVE PROGRAMS

1.7 GENERAL APPLICATION QUESTIONS

1. Is your property a designated heritage building? Yes ___ No
2. Is your property listed by the local Municipal Heritage Committee as a building of historic or architectural value? Yes ___ No ?
3. What is the current status of the building?
- Vacant
- Occupied
- Underutilized

If other, please explain: _____

4. Are you converting and/or rehabilitating this space? Yes No ___
- If yes:
- a) are you creating new residential units? Yes No ___
- b) are you rehabilitating vacant residential units? Yes ___ No
- c) are you bringing occupied residential units up to code? Yes ___ No

How many new residential units are being created in total? 1

5. Are you intensifying and/or redeveloping this space? Yes No ___
- If yes:
- a) are you creating new residential units through the addition of new building space? Yes ___ No
- b) are you demolishing existing building(s) to create a new building with new residential units? Yes ___ No

How many residential units are being added? 1

6. Are you adding commercial space? Yes ___ No

If yes, please provide the square footage: _____

7. Please specify the financial incentives you are interested in if applying for the following programs:

a) Residential Conversion, Rehabilitation and Intensification Program

Grant ___ Loan ___ Both

b) Façade Improvement Program

Grant ___ Loan ___ Both ___

8. If you are applying for the Façade Improvement Program, please specify what part of the building you are making improvements on? (Note: Side and rear façade improvements are eligible only if the public view of the building is significant).

Front Façade

Side Façade

Rear Façade



FINANCIAL INCENTIVE PROGRAMS

9. Is your property located in one of the CIP Areas? Yes No

If yes, please specify area. Downsward

10. Estimated Total Construction Cost for the Residential project: \$ 100,000.00

11. Estimated Total Construction Cost for Façade Improvement: \$ _____

12. Estimated Total Design and Other Professional Costs: \$ _____

(Note: You will be given estimates for funding on grants and loans based on the above estimates. The final calculations of grants and loans will be based on the Building Permit Value for Construction costs and actual receipts for Design and Professional costs).

13. Have you made an application for a Building Permit pertaining to the work proposed? Yes No

